Fill in this informati	ion to identify your case:	
Debtor 1	Timothy Joel Kulich	
Debtor 2 (Spouse, if filing)	Shelly Annette Kulich	
United States Banl	kruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	2:16-bk-50357	Check if this is:
(II KIIOWII)		■ An amended filing □ A supplement showing postpetition chapter
Official For	rm 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job,	Employment status	■ Employed	■ Employed		
infor	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed		
	employers.	Occupation	Teacher	Patient Care Assoc.		
Include part-time, seasonal, or self-employed work.		Employer's name	South-Western City Schools	The Ohio State University		
	Occupation may include student or homemaker, if it applies.	Employer's address	1831 Finland Ave Grove City, OH 43123	Payroll Services 901 Woody Hayes Drive, 2nd Floo Columbus, OH 43210		
		How long employed the	here? 11 years	2 years		

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5,202.64 2,097.81 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 5,202.64 2,097.81

Official Form 106I Schedule I: Your Income page 1 Case 2:16-bk-50357 Doc 48 Filed 09/12/17 Entered 09/12/17 13:49:50 Desc Main Document Page 2 of 5

Debi	tor 1 tor 2	Timothy Joel Kulich Shelly Annette Kulich	-		Cas	e number (<i>if known</i>)	2:16	6-bk-5035	57	
					Fo	or Debtor 1		Debtor 2		
	Cop	y line 4 here	4.		\$_	5,202.64	\$		97.81	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$	652.26	\$	1	34.12	
	5b.	Mandatory contributions for retirement plans	5b		\$	728.36	\$_		07.61	-
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00	\$_		0.00	-
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$_		0.00	•
	5e.	Insurance	5e	€.	\$	0.00	\$	3	94.77	-
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	-
	5g.	Union dues	5g	J.	\$	0.00	\$_		0.00	•
	5h.	Other deductions. Specify: Dental	5h	1.+	\$	8.28	+ \$ _		0.00	
		Suppl. Life	_		\$	18.00	\$_		0.00	
		Union Dues	_		\$_	39.50	\$_		0.00	
		Voluntary Life			\$_	0.00	\$_		5.22	=
		Voluntary Life (Spouse)	_		\$_	0.00	\$_		3.68	
		Group life	_		\$_	0.00	\$_		2.97	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,446.40	\$_	7	48.37	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,756.24	\$	1,3	49.44	-
9.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: I all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	8c 8d 8e - 8f. 8g 8h 9.). ;. i. j. i.+	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	0.00	\$_ \$_ \$_ \$_ \$_		0.00 0.00 0.00 0.00 0.00 0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		3,756.24 + \$_	1,	349.44	\$ _	5,105.68
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe					Schedule .		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	5,105.68
13.	Do :	you expect an increase or decrease within the year after you file this form	?							y income
		Yes. Explain:								_

Fill	in this informa	tion to identify yo	our case.						
	tor 1					Ch	eck if t	this is:	
Dobtor 1		Timothy Joel Kulich					amended filing		
	tor 2 ouse, if filing)	Shelly Anne	tte Kulich	1					ving postpetition chapter the following date:
Unit	ed States Bankı	ruptcy Court for the	: SOUTH	ERN DISTRICT OF OHIO	<u> </u>		MM	/ DD / YYYY	
1	e number 2:	16-bk-50357							
Of	fficial Fo	rm 106J							
So	chedule	J: Your	Expen	ises					12/15
info	ormation. If m		eded, atta ry question	If two married people ar ch another sheet to this n.					
1.	Is this a joir		iloiu						
	☐ No. Go to	line 2.							
	Yes. Doe	s Debtor 2 live	in a separa	ate household?					
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of De	ebtor 2		
2.	Do you have	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you?
	Do not state	the							□ No
	dependents				Daughter			16	■ Yes
									□ No
									☐ Yes ☐ No
									☐ Yes
					-				□ No
									☐ Yes
3.	expenses o	penses include f people other t d your depende	han 🗖	No Yes					
		ate Your Ongoi							
exp				uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \				Your expe	enses
•		,							
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgage	4.	\$		0.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·		0.00
				pkeep expenses		4c.			185.00
	4d Home	owner's associat	tion or cond	lominium dues		4d	\$		55.00

0.00

Additional mortgage payments for your residence, such as home equity loans

Debtor 1 Debtor 2	Timothy Joel Kulich Shelly Annette Kulich	Case number (if known)	2:16-bk-50357
		,	
	ities:	ο- Φ	405.00
6a.	Electricity, heat, natural gas	6a. \$	165.00
6b.	Water, sewer, garbage collection	6b. \$	135.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	140.69
6d.	Other. Specify: Natural Gas	6d. \$	255.00
	d and housekeeping supplies	7. \$	950.00
_	dcare and children's education costs	8. \$	0.00
	thing, laundry, and dry cleaning	9. \$	115.00
	sonal care products and services	10. \$	115.00
	lical and dental expenses	11. \$	180.00
	nsportation. Include gas, maintenance, bus or train fare.	12. \$	375.00
	not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	95.00
	ritable contributions and religious donations	14. \$	0.00
	iritable contributions and religious donations irance.	14. Ф	0.00
	nance. not include insurance deducted from your pay or included in lines 4 or 20.		
	. Life insurance	15a. \$	0.00
	. Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	125.00
	Other insurance. Specify:	15d. \$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
	cify:	16. \$	0.00
	allment or lease payments:		<u> </u>
	. Car payments for Vehicle 1	17a. \$	0.00
	. Car payments for Vehicle 2	17b. \$	0.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	r payments of alimony, maintenance, and support that you did not report a	· <u></u>	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		0.00
	er payments you make to support others who do not live with you.	\$	0.00
Spe	cify:	19.	
	er real property expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Your Income.	
20a	. Mortgages on other property	20a. \$	0.00
20b	. Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d	. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e	. Homeowner's association or condominium dues	20e. \$	0.00
1. O th	er: Specify: Extra expenses for the child	21. +\$	65.00
Tea	ching Certifcate Cost	+\$	8.33
	ntinuing Education for Teaching Certificate	+\$	41.66
	culate your monthly expenses	•	0.005.00
	. Add lines 4 through 21.	\$	3,005.68
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c	Add line 22a and 22b. The result is your monthly expenses.	\$	3,005.68
Cal	culate your monthly net income.		
	. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,105.68
	Copy your monthly expenses from line 22c above.	23b\$	3,005.68
200	. Sopy your monthly expended from the 220 above.		3,003.00
230	Subtract your monthly expenses from your monthly income.		
200	The result is your monthly net income.	23c. \$	2,100.00
		<u> </u>	
For mod	you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you ification to the terms of your mortgage?	you file this form? ur mortgage payment to inc	rease or decrease because of a
1 =			
Пν	/es Explain here:		

Fill in this information to identify your case:					
Debtor 1 Timothy Joel Kulin First Name		Ch Middle Name	Last Name		
Debtor 2	Shelly Annette Ku	ılich			
(Spouse if, filing) First Name		Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRIC	T OF OHIO		
Case number (if known)	2:16-bk-50357				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	IOT an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have re that they are true and correct. X /s/ Timothy Joel Kulich Timothy Joel Kulich Signature of Debtor 1	x /s/ Shelly Annette Kulich Shelly Annette Kulich Signature of Debtor 2
Date September 12, 2017	Date September 12, 2017